

VA Stroke QUERI Circular

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Let's communicate and collaborate!



The VA Rehabilitation Outcomes Center of Excellence (RORC) in collaboration with the Stroke QUERI has successfully coordinated the first Themed RORC Brown Bag Seminar Series that is presented live in the RORC Conference room in Gainesville, Florida, and is offered as a cyber seminar to selected remote sites.

This venue provides investigators affiliated with both centers an opportunity to find out about current ongoing research, centered around a common theme, being conducted by investigators affiliated with the VA RORC, VA Stroke QUERI, and University of Florida. New findings, future directions, and possible collaborations focused on the depression theme were presented and discussed. Presentations included:

- "Two year follow-up on post stroke depression", Maude Rittman, PhD, Jyh-Hann Chang, PhD
- "Depression and Home-Based Telehealth Stroke Care," Neale Chumbler, PhD
- "Depression treatment in the Medicare population," Jeffrey S. Harman, PhD
- "Depressed Mood and Antidepressant Treatment among Post-stroke Veterans," L. Douglas Ried, PhD
- "VA and non VA Post Stroke Depression detection and treatment," Huangang "Charlie" Jia, PhD
- "Strategies for implementing evidence-based treatment in post-stroke depression," Linda Williams, MD

Pamela Duncan, PhD, Director of the RORC and Research Coordinator of the Stroke QUERI, facilitated discussions centered around some of the possible outcomes of this collaborative presentation. A work group to be led by RORC investigator, Jyh-Hann Chang, PhD, will be created with the goal to consolidate these efforts into a report of post stroke depression across the continuum of care in the VHA. Recommendations for translation of research findings into clinical practice through rapid implementation projects targeted at the facility level will be developed.

Upcoming Conferences

October 21-24, 2005, **27th Annual Meeting of the Society for Medical Decision Making Translating Medical Research into Practice**, San Francisco, CA <http://www.smdm.org/AnnualMeeting.html>

Inside this issue:

Stroke Rehab Guidelines adopted by AHA	2
New Projects	3
Announcements	4
QUERI Details	4

American Heart Association endorses stroke rehab guidelines

The first goal of the Stroke QUERI is to improve overall compliance with the Department of Veterans Affairs (VA) and the Department of Defense (DoD) clinical practice guideline for the management of stroke rehabilitation in the primary care setting.

One of the strong collaborative partnerships the Stroke QUERI has developed is with the American Stroke Association. A recent accomplishment of the Stroke Council of the American Heart Association is the public endorsement of the Department of Veterans Affairs/Department of Defense guidelines for stroke rehabilitation, published in the September issue of *Stroke: Journal of the American Heart Association*.

Stroke rehabilitation should begin when a stroke is diagnosed and involve a multidisciplinary team that includes survivors, caregivers and family members, according to new practice guidelines endorsed by the American Heart Association and American Stroke Association.

Stroke is a leading cause of disability in the United States, leaving up to 70 percent of survivors with moderate to severe disability. Multidisciplinary rehabilitation programs initiated early after stroke can minimize functional impairment, according to Pamela Duncan, Ph.D., co-chair of the writing committee, RORC Director, Stroke-QUERI Research Coordinator and Director of the Department of Aging and Geriatric Research at the University of Florida College of Medicine.

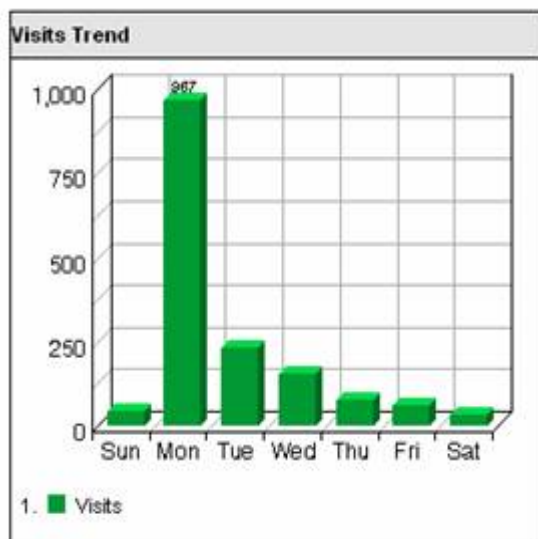
Stroke rehabilitation begins during the acute hospitalization phase, as soon as the diagnosis of stroke is established and life-threatening complications are controlled, according to the panel. A number of specific recommendations are included in the guidelines, including:

- ◆ Delivering Post-stroke care in a multidisciplinary rehabilitation setting or stroke unit;
- ◆ Assessing patients early using the National Institutes of Health Stroke Scale of stroke severity;
- ◆ Initiating early rehabilitation therapies;
- ◆ Testing for swallowing ability – impairment can lead to pneumonia and death;
- ◆ Preventing recurrent stroke;
- ◆ Preventing deep vein blood clots by walking 50 feet daily and taking blood thinners;
- ◆ Developing comprehensive and individualized treatment plans;
- ◆ Treating depression or emotional disorders;
- ◆ Performing communication and related cognitive disorders evaluations; and
- ◆ Acknowledging that the survivor, caregiver, and family members are all important in the rehabilitation process.

The writing panel developing the VA/DoD guidelines includes: Barbara Bates, MD; John Y. Choi, MD; Jonathan J. Glasberg, MA, P.T.; Glenn D. Graham, MD, PhD; Richard C. Katz, PhD; Kerri Lamberty, PhD; Dean Reker, PhD; and Richard Zorowitz, MD.

Full article can be viewed at:

<http://stroke.ahajournals.org/cgi/content/full/36/9/e100>



"Hey VA! Have you heard?"

The following message was published in the "Hey VA! Have you heard?" e-mail (in VISTA) on October 3, 2005. This message was sent to all VA employees.

"Do you know someone at risk for stroke? Though many people know that a stroke is a "brain attack" and the number one cause of adult disability in the United States, most do not know the risk factors for stroke. Knowing the stroke risk factors is the key to early intervention and stroke prevention. Here are some health issues that can be treated to reduce stroke risk: 1) high blood pressure, 2) diabetes mellitus, 3) high blood cholesterol, 4) tobacco use, and 5) physical inactivity and obesity. If you think that you or someone you know may be at risk for stroke, talk to a doctor, nurse, or other healthcare professional. An ounce of prevention is worth a pound of cure. For more information about stroke research at the VA, visit <http://www.va.gov/stroke-queri>."

As a result, we received over 1,200 visitors to the Stroke QUERI Web site in a 3-day period. There were 967 visitors on the day the e-mail was sent....

Stroke QUERI Service Directed Concept Paper Approved



Teresa Damush, PhD, Implementation Research Coordinator for the Stroke QUERI, has successfully coordinated the submission of a concept paper titled: *The Development and Feasibility Test of Implementing SQUIDSS: A Stroke Quality Improvement Decision Support System*. This concept paper has recently been approved by VA HSR&D, and a full Service-Directed Project proposal will be submitted to VA HSR&D for funding consideration in March, 2006. The principal investigator will be Thomas A. Kent, MD, Neurology Care Line Executive at Michael E. DeBakey VA Medical Center (MEDVAMC), Houston, TX. Dr. Kent also serves as the Director of Stroke Research and Education for the Department of Neurology, Baylor College of Medicine.

Goal 1 of the Stroke QUERI is to improve overall compliance with the Department of Veterans Affairs (VA) and the Department of Defense (DoD) clinical practice guideline for the management of stroke rehabilitation in the primary care setting. Several important recent national initiatives have resulted in the development of tools to both enhance and evaluate the quality of stroke care. We have taken the opportunity to expand the initiatives of Goal 1 to include the same evidence-base as these important initiatives through this proposed project. This proposal will use some of the existing program tools and materials, and will be designed to allow the VA to benchmark its stroke care against other VA and non-VA groups.

These **evidence-based initiatives** include:

1. The establishment of VA/DoD Clinical Practice Guideline for the Management of Stroke in the Primary Care Setting;
2. VA/DOD is currently in the process of developing acute stroke treatment guidelines;
3. The American Stroke Association developed a hospital-based quality improvement program for cardiac and stroke patients, "Get With The Guidelines (GWTG);"
4. An ASA task force recently published recommendations for the establishment of stroke systems of care;
5. A new stroke QI initiative is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) assessment and credentialing for primary stroke center status; and
6. The Paul Coverdell National Acute Stroke Registry is a multi-site acute stroke registry funded by the Centers for Disease Control (CDC).

Immediate objectives of this proposal are:

- Facilitate implementation of clinical practice guidelines for acute treatment and secondary prevention of ischemic stroke and transient ischemic attack (TIA) through development of a Stroke Quality Improvement Decision Support System (SQUIDSS);
- Evaluate SQUIDSS' ability to facilitate implementation of stroke clinical guidelines; and
- Evaluate barriers and facilitators to SQUIDSS implementation.

The long-term goal is to implement SQUIDSS nationally to improve outcomes of veterans with stroke. Proposal collaborations include the VA Stroke QUERI, VA MEDVAMC, VA Rehabilitation Outcomes Research Center (RORC) of Excellence. By project completion, we anticipate partnering with VA offices of Medical-Surgical Services (Neurology), Office of Patient Care Services, and Rehabilitation Services (PM&R). In addition, we anticipate partnering with the Office of Quality Performance as SQUIDSS is designed to implement stroke clinical guidelines.

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“Implementation of Research into Clinical Practice”



VA Stroke QUERI Mission Statement

The mission of the Stroke QUERI is to reduce stroke risk and maximize the functional status and quality of life of veterans with stroke by systematically implementing clinical research findings and evidence-based guidelines into routine clinical practice.

The Stroke QUERI has assembled an excellent team of national leaders and research investigators with the intention of continually developing collaborations with other institutions and investigators centered on the VA stroke population to further expand implementation efforts.

Announcements.....

Pamela W. Duncan, PhD, FAPTA, Stroke QUERI Research Coordinator, VA Rehabilitation Outcomes Research Center of Excellence (RORC) Director, has been awarded a \$13.5 million, five-year grant funded by the National Institute of Neurological Disorders and Strokes and the National Center for Medical Rehabilitative Research.

The study, known as the Locomotor Experience Applied Post-Stroke trial, (LEAPS) will lead a national group of interdisciplinary researchers, who will test rehabilitation methods for stroke patients. UF and University of Southern California researchers will partner with clinicians at the lead site Brooks Rehabilitation in Jacksonville, FL; Florida Hospital in Orlando; FL, Long Beach Memorial Hospital in Long Beach, CA, Centinela Freeman Memorial Hospital in Inglewood, CA; and Sharp Rehabilitation Hospital in San Diego. CA.

Researchers, including RORC Affiliate Investigators Andrea Behrman, PhD and Steve Nadeau, MD and other collaborators at the VA Brain Rehabilitation Research Center of Excellence (BRRC), will study 400 stroke patients, ages 18 and older, to ascertain the best timing to begin physical therapy and the effectiveness of a particular therapy method to reduce walking disabilities after a stroke.

The focus of the clinical trial is a new, relatively untested therapy method that is being rapidly adopted as a post-stroke walking rehabilitation intervention. The study will assess whether there is a difference in the proportion of subjects who successfully recover walking ability using this walking therapy versus a control group given a home-based, low-intensity exercise intervention.

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